

MONTANA District # JUDICIAL DISTRICT YOUTH COURT,
County Name COUNTY

<p>In the Matter Of</p> <p>MONTANA DEPT. OF CORRECTIONS,</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>Respondent(s) Name,</p> <p style="text-align: center;">Respondent(s).</p>	<p>CAUSE NO. Cause #</p> <p>ENTRY OF DEFAULT</p>
--	---

The Default of the Respondents is hereby entered on this ____day of Click
here to enter a date, for their failure to appear or answer the Petition for Cost-of-
Care Contribution within the time allowed by law or at all.

Clerk of Court

By: _____
Deputy Clerk

In the matter of Respondent(s) Name
Entry of Default

Cause No. Cause #

PAGE 1

cc: [Click here to enter text.](#)

Street

City, State, Zip Code

RPA's Name **Regional Program Administrator**

Mailing Address

City, MT Zip